

State

UTAH

Citation

4.21 Prohibition Against Reassignment of  
Provider Claims

42 CFR 447.10(c)

AT-78-90

46 FR 42699

Payment for Medicaid services  
furnished by any provider under this  
plan is made only in accordance with  
the requirements of 42 CFR 447.10.

RECEIVED

DEC 11 2 28 PM '81

ADMINISTRATION

TN # DOH-HCF 2881

Supersedes

TN # suppl p. 68

Approval Date 6/17/81

Effective Date 12/1/81